Iowa Department of Administrative Services – Human Resources Enterprise (DAS-HRE)

NONCONTRACT GRIEVANCE FORM

Name of Employee (Grievant)	Social Security Number		<u>Department</u>
Classification	Work Unit		Immediate Supervisor
Work Address	City, State & Zip Code		Work Phone Number
Home Address *	City, State & Zip Code *		Home Phone Number *
Employee's Signature *	Date *	8A Subchapter IV/70A Code Section or DAS-HRE Rule 11 IAC Violated **	

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Remedy Requested:	

IF THE ISSUE INVOLVES SUSPENSION, DEMOTION, DISCHARGE, OR REDUCTION OF PAY WITHIN GRADE OF A MERIT SYSTEM COVERED EMPLOYEE WITH PERMANENT STATUS, THIS FORM MUST BE SUBMITTED TO DAS-HRE AT STEP 3 WITHIN SEVEN (7) CALENDAR DAYS AFTER THE EFFECTIVE DATE OF THE ACTION. SEE DAS-HRE RULE 11 IAC 61.2(6).

This form may be faxed to 515-242-6450, hand delivered to DAS-HRE or mailed to: Director, Iowa Department of Administrative Services – Human Resources Enterprise, 400 East 14TH Street, Des Moines, Iowa 50319.

The Iowa Department of Administrative Services – Human Resources Enterprise <u>Does Not</u> Accept E-Mail Filings of Grievances.

^{*} Required Information

^{**} Must be completed if other than an 11 IAC 61.2(6) Appeal

STEP 1 RESPONSE				
Supervisor's Signature	Date Received	Date Answered		
Disposition of Grievance:				
CTI				
Management Representative's Signature	EP 2 RESPONSE Date Received	Date Answered		
management Representative's Signature	Date Neceived	Date Alisweled		
Disposition of Grievance:				
STEP 3 RESPONSE				
DAS-HRE Representative's Signature	Date Received	Date Answered		
<u>Disposition of Grievance</u> :				